

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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RECEIVED  
JUN 14 2021  
BY:

## COMPLAINT INVESTIGATION FORM

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

### FOR OFFICE USE ONLY

Date Received: June 14, 2021 Case Number: 21-150

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Madeline Beebe  
Premise Name: Las Sendas Animal Hospital & Grooming  
Premise Address: 6747 E McDowell Rd STE 101  
City: Mesa State: AZ Zip Code: 82515  
Telephone: (480) 264-3460

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Bill & Christine Kelly  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Jackie  
Breed/Species: French Bulldog  
Age: 4 yrs Sex: Female Color: Black

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Madeline Beebe  
6747 E McDowell Rd. STE 101  
MESA, AZ 82515  
480-264-3460

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

N/A Our dog was taken from us and taken to the back of hospital where Dr M Beebe and her team perform testing.

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Bill Kelly

Date: 6-10-2021

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

This was our first visit to this Veterinary Hospital.

When we arrived we met with Dr. Madelin Beebe, she was the one that would be caring for dog "Jackie" We explained to her what Jackie's problem was and it was simply being afraid to ride in a car. Jackie would breathe heavily and start to hyperventilate. All we ask for was a calming down medication that would help her relax. Dr. M Beebe informed us that it might be a more serious problem than we think and she wanted to run a set of tests to make sure our Jackie healthy was OK. By the time she finished explaining to us what other things it could be we were quite worried. My wife and I agree to her doing various tests on Jackie just in case Dr Beebe was right. We could have said no but after what she said to us we felt so damn guilty and the money was the last thing we were concerned with. My wife and I said all we want is our little girl to be OK. They took Jackie away and ran their tests which were quite long. Later when Dr M Beebe returned she said we had a hard time with Jackie. We had told her how scared Jackie was and to take care of her. When our dog Jackie was returned to us she could hardly breathe and with every breath she would make a terrible noise. Dr M Beebe told us that Jackie was fine and they did not find anything wrong with her. She then said Jackie would be OK with her breathing after she calms down and that Jackie has no other health issues. Dr M Beebe sent us home with some meds for Jackie's nerves. When we left the hospital Jackie could hardly breathe and was shaking and throwing up. We babied her the rest of the evening as she continued to moan. Jackie would not eat or drink and kept throwing up a white thick foam and choking. Late that evening Jackie died. Why did our Jackie die, she was in great health pre Dr M Beebe! What did they do to this little creature to cause her death? I called Dr M Beebe the next morning and all she could say was she was sorry. So the bottom line is they torture our poor dog to death with all their testing. In the beginning of

this whole mess we told Dr M Beebe how fragile our little girl was but Dr Beebe disregarded everything that we told her. She really didn't care and I feel that our Jackie was abused during their so-called testing. It was all about how much money she could make on all these unnecessary tests that she performed. Our bill came to over \$700.00 for suckering us into a scam. I hope that you can stop these scams that the hospital is pulling. My wife and I are both seniors on a fixed income but we would rather go without a little less food than see our Jackie hurt.

I am 74 yrs old and a 100% disabled Vietnam Veteran that was wounded and suffers from PTSD. My little girl Jackie was my companion. My heart is broken, now she's gone. What am I to do

June 22, 2021

In re: 21-150 (Madeline Beebe)

To whom it may concern:

My name is Madeline Beebe, and I am the veterinarian at Las Sendas Animal Hospital who facilitated the care of "Jackie" Kelly, a female spayed French bulldog, on June 4<sup>th</sup>, 2021. This was the first and only time that she was seen by our hospital, although I understand that she had been seen prior, at other veterinary hospitals, for the same anxiety problem.

Mr. and Mrs. Kelly came in that day around noon for an appointment labeled "anxiety, vomiting". The Kellys explained to me that they had gone out of town for three days recently and boarded Jackie at a boarding facility. When they picked her up, they were informed that "Jackie" had experienced hematemesis several times while boarded and she continued vomiting, with some blood, for a bit after picking her up. The owners explained that they'd tried taking her on their travels in their trailer, but she got very stressed, then sick, then vomited fluid and then blood until she was back in her familiar environment or exhausted. They explained that she also attacked their other pet at home and would bite strangers, especially at the vet, as well as family members, if startled. They explained that they needed to muzzle her both at home and away, and that they were concerned about their inability to go places, her safety in the household, and the changes to their family (ie separating the dogs). They also mentioned that she goes through episodes of "fly biting" which they explained, "in case you don't know, is usually related to seizures." They mentioned that a previous veterinarian had not believed that "Jackie" had an underlying medical problem, and that they had been offended when the other veterinarian had only offered them fluoxetine as a treatment option- a medication which the breeder said was not safe or effective and which, Mrs. Kelly said, she had taken before, to poor results.

The owners wanted a veterinarian to listen and take them seriously about the fact that Jackie had been having episodes of fly biting, was unbearably anxious and aggressive, and would have hematemesis associated with any stressful trigger. I assured the owners that I believed them, and we discussed several separate (and possibly related) issues with Jackie. Specifically I discussed the following with the owners: a) Jackie was vomiting blood when stressed which could be signs of severe gastritis or esophagitis vs secondary to a sliding hernia, given breed, vs chronic gastric ulcers vs systemic disease vs other), b) Jackie was possibly having some kind of neurological episode on a nightly basis, and c) her stress was extreme and was limiting the Kellys' ability to live their desired lifestyle. They agreed, and we started work on making a diagnostic and treatment plan for her care together.

My top recommendation for Jackie was to see a neurologist and possibly a behaviorist, but the Kellys assured me that they were not interested in a referral. As a result, the next step we discussed was to do diagnostics- something the owners stated had not previously been done. I told them that I prioritized lab work to evaluate organ function and a possible cause of both the hematemesis when stressed, as well as

the ongoing seizure activity. If this was normal, we planned to revisit a neurology referral or trial seizure medications to see if we could stop the suspected seizures, or at least decrease the frequency of those episodes. The owners expressed relief that I was offering diagnostics and consented to lab work.

The next diagnostic recommendation I made was to perform thoracic radiographs in order to assess for signs of a sliding hiatal hernia, given the breed and propensity for vomiting with blood when stressed/tachypneic. I cautioned the owners that the radiographs may look normal, but that would not necessarily preclude the existence of a hiatal hernia- that would best be determined by endoscopy. However, we did not have the ability to do that at our hospital, and radiographs might yield information regarding her vomiting or other relevant information relating to her condition. The owners consented to a three-view radiographic study of the thorax.

In terms of managing stress, we discussed situational vs general anxiety. My impression was that Jackie was consistently stressed, as she would even attack the other dog in the home or family members in the home. However, the owners were insistent that her stress was largely situational and expressed a preference for a medical approach to support primarily situational anxiety. I informed the owners that given Jackie's history and clinical signs, it may take some time to be able to find a medical protocol to address or stabilize her behavior related to anxiety, and only then if there were no underlying conditions affecting that behavior (i.e. portosystemic shunt, seizure disorder). The owners acknowledged that they understood and were thankful that I was taking them seriously and making diagnostic recommendations.

After making a treatment plan, discussing the problems and diagnostics, and discussing finances, it was time to move forward with a complete physical exam and diagnostics. The owners had cautioned me when I was walking into the room, when Jackie began barking aggressively and lunging to the extent of her reach toward me, not to touch her until securely muzzled. When Mr. Kelly initially tried to hand off the leash to my technician, Taylor, Jackie turned and lunged at Mr. Kelly's hand, apparently redirecting aggression. Mr. Kelly pulled back and fell backwards into his chair. I asked if he was okay and felt safe muzzling her, or if he would like to do this another day with oral sedatives on board. Mr. Kelly stated that he was fine with muzzling her, and it wouldn't be "better" any other day. He placed his own French bulldog muzzle on Jackie's face, which left her eyes exposed as well as a mesh over her mouth. I performed a physical exam with the following findings (see medical record): she was hyperthermic, dyspneic with stertorous breathing, and had significant abdominal tension. Her mucous membranes and tongue were visibly pink if somewhat tacky due to panting and vocalizing, though her oral cavity could not be evaluated more closely due to her temperament.

I informed the owner, regarding her hyperthermia, that Jackie likely had trouble dissipating heat due to her airway conformation, which may have been why she was running warm at that time. I expressed to the owner that if they were comfortable, we would now take Jackie to the back to draw blood, collect urine, and perform radiographs. The owners consented to this, laughed, and said "good luck".

Upon bringing Jackie into the back, technicians Hannah and Taylor attempted to draw blood. It took several attempts until I stepped in to help, as the dog was vocalizing and struggling against restraint. I assigned Hannah the task of watching her color (ensuring she stayed pink with regard to mucous membranes and tongue) while we performed diagnostics. Hannah stated that she was already watching and would continue to be vigilant. Jackie's color remained pink the entirety of her time with us and her

color was fine even when she left our hospital. We took extra care and precautions handling Jackie because of her anxiety level and behavioral issues.

After collecting blood, we attempted a cystocentesis using ultrasonography, but the dog had urinated already and her bladder was too small to collect urine. She was then taken to the radiography corner. I again instructed Hannah to keep a close eye on the dog's color and to stop all diagnostics if the color was anything other than a healthy pink. Jackie was continuously panting and vocalizing, just as she had done in the room, with no progression but also no breaks or relief. When we were finalizing radiographs, I went to inform the owners that Jackie was fine but was extremely stressed. They laughed and said that was no less than they expected, and that they hoped our diagnostics would help us all understand why she would get so stressed and sick.

When radiographs were done, I went in to show them to the owners. I pointed out her severely gas-distended stomach and said while there was no sign of a sliding hernia, the degree of aerophagia and gastric distension could potentially explain her discomfort and vomiting during and after stress. I prescribed gabapentin and trazodone according to their request for presumed situational anxiety and informed them that we would call with the results of the lab work the next day, as we would be sending it out to IDEXX.

Prior to leaving, I recommended a maropitant injection for Jackie, since she was clearly extremely stressed and usually had severe and violent vomiting during and after stressful times. The owners declined the maropitant injection, stating, "she'll be fine when we get home." I asked them to let us know if they needed anything that night, and said I would call them the next day with the results of labwork. The owners paid in full and left happy.

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The next morning, I walked in to hear Cleo, a veterinary assistant with Las Sendas Animal Hospital, fielding a call from Bill Kelly in which he stated that Jackie had passed away unexpectedly and that I had to answer to him. He also demanded that I call him back immediately.

When I then spoke to Mr. Kelly, it was not on a recorded line however I logged the call according to my recollection immediately after, as follows:

**Initials:**                    \_MB

Called O at the following number:                      LMOM requesting a call back to discuss what happened last night.

O returned call immediately on line 6, approx 10:15 am\_

**Callback Discussion:**    \_TTBill Kelly. I apologized initially for not getting back to him sooner, as the number we have in our system was not updated yesterday. I informed o that I am so sorry to hear about Jackie, and asked what happened. He replied, "You killed my dog, that's what happened." The O went on to say that Jackie was limping, crying,

vomiting, gasping for air all night. She vomited over and over and would not take water. O stated that her color was blue when they got home and that this P was his baby now that his kids are gone and we killed his baby. O said multiple times that we tortured her and asked how I would feel if he came to my house and killed my dog. He stated that all we care about is money, and we charged him over \$700 just to kill his dog. He said that anyone with common sense should know that you don't stress a dog out that badly. Then he said, "so what do you have to say for yourself?" I told O that firstly, I can't imagine the grief and anger that he's feeling right now, and I am so sorry for such a horrible loss. I stated that we knew that Jackie had a problem handling stress, which is why we were seeing her and trying to get to the bottom of what was going on. Mr. Kelly interrupted and said that anyone who knew what they were doing wouldn't stress a dog out like that, and what we did was torture to her. I advised that we were trying to make a plan to figure out why Jackie got so stressed and had potential seizures and that the entire time she was with us, as O knew at the time, she was stressed but her vitals were monitored and her color was pink. O stated that when she got home she was cyanotic. I stated again that she was monitored closely with regard to her color and if I had any way of predicting what would happen when she went home, I would have done whatever I could to intervene, and specifically mentioned hospitalizing or transferring to ER. Unfortunately, we had no way of knowing how severe her reaction would be when she got home or how she would decompensate later, except with the prior experience we've had with her during stressful events. Mr. Kelly stated that he expects his money back and will do anything he can to bring a lawsuit against us and specifically against me using any path he can. I apologized profusely that we could not figure out what was going on with Jackie soon enough. O stated again and again that I killed his dog, I tortured her, I'm not a professional, and how distraught he and his wife were. He asked many times how I would feel if he killed my dog. In the end, I did mention that we will refund the labwork and gabapentin. O said, "I can't talk anymore" and hung up.\_

That was the extent of my involvement in this matter. Contrary to the owners' accusations, Jackie was not tortured or mistreated in anyway by me or my staff. To the contrary, we were patient and compassionate both in our interactions with the owners and in handling Jackie while performing diagnostics that were being done to determine the cause of her extreme anxiety. As I am sure you all know, bulldogs as a breed have unique issues and medical problems and my staff and I knew that when we were treating Jackie. That is why we took the precautions that we did when examining her and performing medically appropriate diagnostics. As a result, I stand behind the veterinary care we provided but at the same time, sympathize with the owners for their loss. Thank you.

Madeline Beebe, DVM

**Douglas A. Ducey**  
- Governor -



**Victoria Whitmore**  
- Executive Director -

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[vetboard.az.gov](http://vetboard.az.gov)

### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Steven Dow, DVM - **Telephonic**  
Gregg Maura - **Absent**

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Marc Harris – Assistant Attorney General

**RE:** Case: 21-150

Complainant(s): Bill and Christine Kelly

Respondent(s): Madeline Beebe, DVM (License: 7641)

#### **SUMMARY:**

Complaint Received at Board Office: 6/14/21

Committee Discussion: 11/2/21

Board IIR: 12/8/21

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018

(Lime Green); Rules as Revised

September 2013 (Yellow)

On June 4, 2021, "Jackie," a 4-year-old female French Bulldog was presented to Respondent for evaluation of anxiety and seizure issues. Diagnostics were performed and the dog was discharged.

Later in the night, the dog passed away.

**Complainants were noticed and appeared telephonically.**  
**Respondent was noticed and appeared with counsel, David Stoll.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Bill and Christine Kelly*
- Respondent(s) narrative/medical record: *Madeline Beebe, DVM*

**PROPOSED 'FINDINGS of FACT':**

1. On June 4, 2021, the dog was presented to Respondent for evaluation of anxiety and vomiting. Complainants reported that the dog had been boarded for 3 days while they were out of town. When they picked up the dog, they were advised that the dog had vomited several times and it had blood in it. When Complainants arrived, the dog continued to vomit, which had blood in it, for a bit after the dog was picked up.
2. Complainants explained that the dog was having fly biting episodes every evening and was not able to arouse during those times. The dog would collapse and go limp. Additionally, the dog had severe anxiety anytime she would go in the car, was around other people, or was approached too quickly. The dog would also attack the other dog in the home unpredictably. Complainants were hesitant to try Prozac. They were concerned about their ability to medicate the dog and they could only administer medications in liquid form. Complainants were concerned about the dog's aggression and quality of life with so much stress.
3. Respondent was concerned there was an ongoing ulceration, hiatal hernia, or other source of GI bleed that was not being addressed versus transient gastritis/esophagitis. Respondent stated that the blood in the vomit could be a sign of something severe underlying the presenting concern for anxiety. She recommended blood work and radiographs. Respondent also recommended a neurologist and possibly a behaviorist, which Complainants declined.
4. Complainants muzzled the dog for Respondent and the dog was examined. Upon exam, the dog had a weight = 25.2 pounds, a temperature = 103.6 degrees, a heart rate = 180bpm, and a respiration rate = snorting. Blood was collected and thoracic radiographs performed. Radiographs were normal except for the severely gas extended stomach visible on all views – Respondent suspected it was secondary to stress/aerophagia. Respondent stated that the dog continuously vocalized, sounded dyspneic during the blood collection and radiographs but the dog's color stayed pink the entire time.
5. The dog was discharged with Complainants. Respondent prescribed Gabapentin and Trazadone, which were called into a compounding pharmacy. She additionally offered to administer the dog Cerenia prophylactically to address the dog's likely later stress/vomiting/dehydration. Complainants declined.
6. According to Complainants, when the dog was returned to them, the dog could hardly breathe and would make a terrible noise with each breath. Respondent told them the dog would be fine. After leaving the hospital, the dog could hardly breathe, was shaking, and vomiting. The dog would not eat or drink, and continued to vomit thick white foam and choke. Later that evening, the dog passed away.

**COMMITTEE DISCUSSION:**

The Committee discussed that the dog likely passed away from brachycephalic syndrome, decompensation. If the diagnostics were essential, due to the hyper-excitability of the dog, the breed, and the nature of the dog, injectable sedation should have been administered and oxygen support available. If the pet owners would not approve sedation, Respondent did not have to proceed with diagnostics.

The Committee pondered if the fly-biting was due to a tumor in the brain and cerebellum; and if it was progressive. They wondered if the dyspnea exacerbated the situation. There was also the possibility of a bloat or torsion.

The Committee also felt Respondent did not properly sedate the dog when she was sent home. It was beneficial to have radiographs performed, however, it likely led to the demise of the dog therefore it was not worth performing diagnostics without sedating the dog prior. More precautions should have been taken.

The Committee discussed that the reason Respondent did not sedate the dog may have been due to lack of experience. She was responsible for the care and treatment of the dog and the Committee felt that not sedating the dog fell below the standard of care in this situation.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board find:

*ARS § 32-2232 (22) Medical incompetence in the practice of veterinary medicine for failure to administer (or recommend) a sedative to the dog, a brachycephalic breed, prior to performing diagnostics, which possibly led to brachycephalic syndrome and sudden death.*

**Vote:** The motion was approved with a vote of 3 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the February 17, 2021 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee regarding case number 21-150 In Re: Madeline Beebe, DVM.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

- ❖ ARS § 32-2232 (22) Medical incompetence in the practice of veterinary medicine for failure to administer (or recommend) a sedative to the dog, a brachycephalic breed, prior to performing diagnostics, which possibly led to brachycephalic syndrome and sudden death.

Following discussion, the Board concluded that Respondent's conduct did not rise to the level of a violation and voted to dismiss this issue with no violation. The Board commented that in brachycephalic breeds, sedation can be challenging and could have also caused the dog to go into respiratory distress if it would have been administered.

Respectfully submitted this 19<sup>TH</sup> day of January, 2021.

Arizona State Veterinary Medical Examining Board

A handwritten signature in black ink, appearing to read "Jim Loughhead", written over a horizontal line.

Jim Loughhead - Chair